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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

31042

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

- (a) County Howard
(b) City or town Elizabethton
(c) Name of hospital or institution _____
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life time, greater part
years, months or days

3. (a) PRINT FULL NAME Mary Jane Trimble

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive deceased

7. Birth date of deceased: 3-3-1863
(Month) (Day) (Year)

8. AGE: Years 84 Months 4 Days 28
If less than one day hr. min.

9. Birthplace Ohio
(City, town or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business at home

12. Name Mike Rodgers

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Mary Bullock

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ben Lummeler

- (b) Address Elizabethton

17. (a) burial (b) Date thereof Aug 23 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Elizabethton Cemetery

18. (a) Signature of funeral director W. D. Thompson

- (b) Address Elizabethton

19. (a) 8-23-47 (b) Joe Rodgers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Howard
(c) City or town Elizabethton
(If outside city or town limits, write "RURAL")

- (d) Street No. _____ (If rural, give location)

- (e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 21
year 1947 hour 10 minute 10 M.

21. I hereby certify that I attended the deceased from May 1942 to Aug 21 1947
that I last saw him alive on Aug 21 and that death occurred on the date and hour stated above.

Immediate cause of death M. tr. of Stenosis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 9213
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____

- (b) Date of occurrence _____

- (c) Where did injury occur? _____ (City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Joe Rodgers (M. D. or other) _____

Address Elizabethton Date signed 8-23-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 9-24-47

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Mrs Fred A. Thompson

Licensed Embalmer No. 3252

P. O. Address *Madison Ind*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.